

OCT 25 2016


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

 State Form 4608 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

FILED

(CFA

Summary

FILE NO.

TOTAL PAGES IN ENT

11

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

 IS THIS AN AMENDMENT? ☐ Yes ☐ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <b>DeWeese For Washington Township Board</b>		3. Committee Telephone Number <b>(317) 508-3711</b>
2. Acronym or Abbreviated Name (if any)		
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>5525 N. Delaware St.</b>		
5. City, State, ZIP Code <b>Indianapolis, IN 46220</b>		6. Party Affiliation (if applicable) <b>Republican</b>

## CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nicknames) <b>Michael Calvin DeWeese</b>	8. Party Affiliation or If Independent <b>Republican</b>
9. Office Sought (include district number, if any. Not required for exploratory committee.) <b>Washington Township Board District 2</b>	10. County of Residence <b>Marion</b>

## TYPE OF REPORT

## CONVENTION

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____	Check one: <input type="checkbox"/> Pre-Conven <input type="checkbox"/> Post-Conven
<input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be 0) <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	

12. Reporting Period: From: <b>7/1/2016</b> Through: <b>10/20/2016</b>	COLUMN A This Period <b>0</b>
13. Cash on hand and investments at the beginning of this reporting period.	
14. Cash on hand and investments January 1, current year.	

## CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	
15a. Itemized (use Schedule A)	<b>522.30</b>
15b. Unitemized	
15c. Add lines 15a and 15b in both columns	
<b>SUBTOTAL</b>	<b>0.00</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	
<b>TOTAL</b>	<b>522.30 0.00</b>

## EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<b>625.06</b>
17b. Unitemized	
17c. Add lines 17a and 17b in both columns	
<b>SUBTOTAL</b>	<b>625.06 0.00</b>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	
<b>TOTAL</b>	<b>(125.06) 0.00</b>
19. Debts OWED BY the committee (use Schedule D)	
20. Debts OWED TO the committee (use Schedule E)	

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <i>[Signature]</i>	Title <b>Treasurer</b>	Date <b>10/25/16</b>
Signature of Candidate (if applicable) <i>[Signature]</i>		Date <b>10/25/16</b>

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts)**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts **totalled on ITEM 15a** of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NO.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE
1. Brad Bentley 5546 N. Delaware St. Indpls, IN 46220 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$50	\$50
2. Suzanne DeWeese 4502 Spruce Knoll Ln. Indpls, IN 46220 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$50	\$50
3. John Bates 4323 Swanson Dr. Indpls, IN 46228 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$50	\$50
4. Shirley Bates 4323 Swanson Dr. Indpls, IN 46228 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$50	\$50
5. Russ Dodge 5111 Knoll Crest Ct. Indpls, IN 46228 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$20	\$20
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 0.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$	



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Indiana Election Commission (IC 3-8-5-14)

**(CFA-4 SCHEDULE  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts)**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NO.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE
1. <b>Eduardo Alessandri</b> 5696 Washington Blvd Indpls, IN 46220 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$30	\$30
2. <b>William Powers</b> 5679 Washington Blvd Indpls, IN 46220 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$100	\$100
3. <b>John Carter</b> 7303 Merriam Rd. Indpls, IN 46240 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$47.30	\$47.30
4. <b>John Rackelshaus</b> 107 N. Pennsylvania St. #900 Indpls, IN 46204 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$125	\$125
5. _____ Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)		
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 0.00	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet)		\$ 522.30	


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-6-14)

**(CFA-4 SCH  
ITEMIZED EXP  
For Public C**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

FILE

Page

**PUBLIC QUESTION INFORMATION**

Enter Text of Public Question

Type of Question: ☐ Statewide ☐ LocalPosition: ☐ Supported ☐ Opposed

RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE AND PURPOSE (see schedule)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE
Code <u>0</u> Christine Journey 6023 Davenport Dr. Noblesville, IN 46062	Bar tender	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$70	\$70
Code <u>A</u> DCC Graphics 2629 Rand Rd Indpls, IN 46241	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$555.06	\$555
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:		
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:		
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:		
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:		
SUBTOTAL THIS PAGE OF SCHEDULE C			\$ 0.00	
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ <del>25.06</del>	625.06